

**MONROE COUNTY PLANNING DEPARTMENT**  
**APPLICATION FOR AN APPEAL**  
**TO THE HEARING OFFICER\***

Application Fee: \$570.00

Subject to additional charges; payment of half the cost of the hearing officer, which is \$66.00 per hour.  
County is charged \$135.00 per hour the DOAH

THIS APPEAL IS PURSUANT TO THE HEARING OFFICER APPELLATE ARTICLE XIV, MONROE COUNTY CODE, SECTION 9.5-535. PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:

1) APPELLANT Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

2) ATTORNEY Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

3) APPELLEE Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

4) DATE OF DECISION BEING APPEALED: \_\_\_\_\_

5) DECISION BEING APPEALED: \_\_\_\_\_

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6) **BASIS FOR APPEAL:** State the applicable section of the code which applies to the appeal, and describe the basis of your appeal:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

STREET ADDRESS: \_\_\_\_\_

LAND USE DESIGNATION: \_\_\_\_\_

MONROE COUNTY CODE SECTION 9.5 - 46 PROVIDES THAT "ANY PERSON DESIRING TO APPEAL A DECISION UNDER THE HEARING OFFICER APPELLATE ARTICLE SHALL PROVIDE A TRANSCRIPT OF THE PLANNING COMMISSION HEARING" PREPARED BY A COURT REPORTER WITHIN THE TIME PROVIDED IN SECTION 9.5 - 521(f), MONROE COUNTY CODE. FOR AN APPEAL TO BE PROCESSED, A VERBATIM TRANSCRIPT PREPARED BY A COURT REPORTER MUST ACCOMPANY THIS APPLICATION.

**APPEAL OF PLANNING COMMISSION DECISIONS MUST BE FILED WITH THE PLANNING COMMISSION COORDINATOR WITHIN THIRTY (30) DAYS OF THE DATE OF THE WRITTEN DECISION.**

PURSUANT TO SECTION 9.5-539, INITIAL BRIEFS MUST BE FILED WITHIN FIFTY (50) DAYS OF SUBMITTING THE NOTICE OF APPEAL. ALL BRIEFS SHOULD BE FILED WITH THE HEARING OFFICER AND SERVED ON THE PARTIES IN ORDER FOR THE APPEAL TO BE SCHEDULED FOR ORAL ARGUMENTS. A HEARING OFFICER WILL BE APPOINTED BY THE DIVISION OF ADMINISTRATIVE HEARINGS. ALL INITIAL BRIEFS SHOULD BE SENT TO:

DIVISION OF ADMINISTRATIVE HEARINGS  
THE DESOTO BUILDING  
1230 APALACHEE PARKWAY  
TALLAHASSEE, FLORIDA 32399-1550  
(904) 488-9675

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ A.D.

\_\_\_\_\_  
Notary Public  
My Commission Expires

